

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/						54						
5							55						
6		/					56						
7							57						
8		/					58						
9	/						59						
10		/					60						
11		/					61						
12	/						62						
13	/						63						
14		/					64						
15		/					65						
16		/					66						
17							67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22	/						72						
23	/						73						
24	/						74						
25		/					75						
26	/						76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41		/					91						
42	/						92						
43		/					93						
44	/						94						
45	/						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	36						TOTAL CLAIMS						